

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005043

1. Entity Name
870195 ONTARIO INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90112 043 ***150.00

0519898

Principal Place of Business
WINDHAVEN BUILDING SYSTEMS
5411 W. TYSON AVENUE
TAMPA FL 33611

Mailing Address
WINDHAVEN BUILDING SYSTEMS
5411 W. TYSON AVENUE
TAMPA FL 33611

729958



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3200477		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

MULLEN, T A
5411 W. TYSON AVE
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLEN, T A 5411 W. TYSON AVENUE TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.A. MULLEN Date: Feb 28/01 Daytime Phone #: 813 835 1088

CR2E034 (10/00)